

GOVERNMENT AGENCY REGISTRATION APPLICATION

 CALENDAR
 YEAR

1. AGENCY INFORMATION: Provide the following information for the agency. Please ensure correct FEIN is provided:

| | | | |
|-------------|----------------------|-----------------------------|----------------------------|
| FEIN | <input type="text"/> | Location County | <input type="text"/> |
| Agency Name | <input type="text"/> | | Phone <input type="text"/> |
| Address | <input type="text"/> | | Fax <input type="text"/> |
| City | <input type="text"/> | County <input type="text"/> | State <input type="text"/> |
| E-Mail | <input type="text"/> | Website | <input type="text"/> |

2. AGENCY HEAD: Provide the following information for the agency head who is authorized to receive correspondence and legal documents. Please ensure correct social security number is provided for agency head:

| | |
|-----------------------|----------------------|
| SSN | <input type="text"/> |
| Last Name | <input type="text"/> |
| First and Middle Name | <input type="text"/> |
| Title | <input type="text"/> |
| Address | <input type="text"/> |
| City | <input type="text"/> |
| County | <input type="text"/> |
| State | <input type="text"/> |
| Zip | <input type="text"/> |

3. KS CERTIFIED COMMERCIAL PESTICIDE APPLICATOR(S): Government employees who apply restricted use pesticides are required by statute either to be certified in the appropriate commercial pesticide applicator certification category(ies) and subcategory(ies) or be working under the supervision of a certified commercial applicator. Provide the following information for any and all certified commercial pesticide applicators who will be applying pesticides under the registration for which applicant is making application. Please ensure correct social security number and birthdate is provided for each applicator. (Attach separate sheet using same format if more space is needed.):

| | | | |
|-----------------------|----------------------|------------------|----------------------|
| SSN | <input type="text"/> | Certification No | <input type="text"/> |
| Birth Date | <input type="text"/> | Category(ies) | <input type="text"/> |
| Last Name | <input type="text"/> | | |
| First and Middle Name | <input type="text"/> | | |

4. KS UNCERTIFIED PESTICIDE APPLICATOR(S): Government employees who apply restricted use pesticides are required by statute either to be certified in the appropriate commercial pesticide applicator certification category(ies) and subcategory(ies) or be working under the supervision of a certified commercial applicator. Provide the following information for any and all uncertified pesticide applicators who will be applying pesticides under the registration for which applicant is making application. Please ensure correct social security number and birthdate is provided for each applicator. (Attach separate sheet using same format if more space is needed.):

| | | | |
|-----------------------|----------------------|-----------------------------|----------------------------|
| SSN | <input type="text"/> | Category(ies) | <input type="text"/> |
| Birth Date | <input type="text"/> | | |
| Last Name | <input type="text"/> | | |
| First and Middle Name | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| City | <input type="text"/> | County <input type="text"/> | State <input type="text"/> |
| Phone | <input type="text"/> | Zip | <input type="text"/> |

5. REGISTRATION FEE: Submit registration fee with this application. Registration fee is \$35.00. No fee is required of any township located within a county which has previously applied for and received government agency registration for the same calendar year this application covers.

6. APPLICANT SIGNATURE: I hereby attest the information on all pages of this application for registration is true, complete and accurate.

| | | | |
|-----------------------|----------------------|-------------|----------------------|
| Signature of Official | <input type="text"/> | Date Signed | <input type="text"/> |
| Type or Print Name | <input type="text"/> | Title | <input type="text"/> |

7. SUBMIT COMPLETED APPLICATION AND REGISTRATION FEE TO KANSAS DEPARTMENT OF AGRICULTURE, RECORDS CENTER-PESTICIDE, 109 SW 9TH ST, TOPEKA, KS, 66612

PLEASE DO NOT WRITE BELOW THIS LINE (for Kansas Department of Agriculture use only)

| Fee | Code | Transaction No | Receipt Date | Check No | Fees Cross-Reference | County | GAR # | Entry | Eff Date | Initials | Process Date |
|----------|------|----------------|--------------|----------|----------------------|--------|-------|-------|----------|----------|--------------|
| \$ 35.00 | GAR | | | | | | | | | | |